



WILLIAMS MULLEN

Direct Dial: 757.249.5100

**IMPORTANT NOTICE:** This facsimile transmission is intended to be delivered only to the named addressee, and may contain material that is confidential, proprietary or subject to legal protection or privilege. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to the disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender or the named addressee.

**TO:** Marena Brevard  
**FROM:** Kimberly A. Chasteen  
**DATE:** Wednesday, February 26, 2003  
**FAX #:** 703.746.4224  
**CLIENT #:**

**Pages, including coversheet:** 18

**MESSAGE: THIS IS A DUPLICATE COPY OF AN ACTION FILED ON  
NOVEMBER 14, 2002.**

*Kimberly A Chasteen*

*A Professional Corporation*

MICHIGAN • VIRGINIA • WASHINGTON, D.C. • LONDON

Harbor Bank Center, Suite 210 One Old Oyster Point Road Newport News, VA 23602-7119 Tel: 757.249.5100 Fax:  
757.249.5109

www.williamsmullen.com

To the Assistant Commissioner for Patents  
Washington, D.C. 20231

Atty. *KAC*  
Docket No. *032167.0*  
Date: *11-14-02*

Please confirm receipt of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Specification  | <input type="checkbox"/> Petition for Ext. of Time          |
| <input checked="" type="checkbox"/> A response/amendment <i>16 unique</i>         | <input type="checkbox"/> Petition to Commissioner           |
| <input checked="" type="checkbox"/> Cert. Of <del>Express</del> Mail <i>pages</i> | <input type="checkbox"/> Declaration                        |
| <input type="checkbox"/> Fee Transmittal  | <input type="checkbox"/> Assignment                         |
| <input type="checkbox"/> Recordation Form Cover Sheet                             | <input type="checkbox"/> IDS with cited documents           |
| <input type="checkbox"/> Small Entity Statements                                  | <input type="checkbox"/> Prov. Patent App. Transmittal Form |
| <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Check for                          |
| <input checked="" type="checkbox"/> Other (describe):<br><i>Return postcard</i>   |   |

Date Rec'd.

*App.*  
Serial Number *10/053,047*